

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90027 024 ***138.75

DOCUMENT # L07000034344 1. Entity Name PC FIX IT LLC			
Principal Place of Business 303 LONGWOOD DRIVE BROOKSVILLE, FL 34601 US		Mailing Address 303 LONGWOOD DRIVE BROOKSVILLE, FL 34601 US	
2. Principal Place of Business - No P.O. Box # 303 Longwood Dr Suite, Apt. #, etc.		3. Mailing Address 303 Longwood Drive Suite, Apt. #, etc.	
City & State Brooksville FL		City & State Brooksville FL	
Zip 34601		Country USA	
4. FEI Number 02-0807387		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JOHN A 303 LONGWOOD DRIVE BROOKSVILLE, FL 34601		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 4/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JOHN A 303 LONGWOOD DRIVE BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/25/08 Daytime Phone # 352 277 2860	